



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 1200

Office Use Only	
Permit No. _____	
Occupancy & Fee Checked _____	
3/90	(leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date _____

City or Town of _____

To the Inspector of Wires: _____

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____

Owner's Address _____

Is this permit in conjunction with a building permit: Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization NO. _____

Existing Service _____ Amps / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work _____

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons Total KW	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Low Voltage Wiring	
No. Hydro Massage Tubs	No. of Motors Total HP		

OTHER: _____

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES ☐ NO ☐ I have submitted valid proof of same to this office. YES ☐ NO ☐ If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE ☐ BOND ☐ OTHER ☐ (Please Specify) _____ (Expiration Date) _____

Estimated Value of Electrical Work \$ _____

Work to Start _____ Inspection Date Requested: Rough _____ Final _____

Signed under the penalties of perjury:

FIRM NAME _____ LIC. NO. _____

Licensee _____ Signature _____ LIC. NO. _____

Address _____ Bus. Tel. No. _____

Alt. Tel. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

Telephone No. _____ PERMIT FEE-\$ _____

(Signature of Owner or Agent)

No. _____

Location _____

Contractor: _____

Permit Granted: _____
